

FORM PTO-1083

Application Serial No. 10/542,225

Express Mail Label No. EV 548040930 US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenji KONO

Serial No: 10/542,225

Confirmation No.: 3354

Filed: July 14, 2005

For: Wireless Communication Terminal And Handoff
Determination Method

Art Unit: 2681

Examiner: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
January 18, 2006

Date of Deposit

Sheila Goldner

Name

Signature

01/18/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a **preliminary amendment** in the above-identified application.

- ☒ Enclosed are Replacement Figures 1-5.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25 \$[FEE]	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$200 SM=\$100 \$[FEE]	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

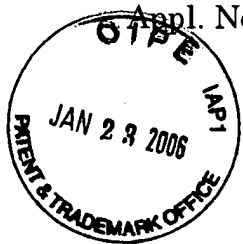
Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Date: January 18, 2006

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Appl. No. 10/542,225

Attorney Docket No. 81887.0128

Customer No.: 26021

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PRELIMINARY AMENDMENT

MAIL STOP Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Name

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Signature

Date

Dear Sir:

Prior to the first Office Action in the present application, please enter and consider the following amendments and remarks:

Amendments to the specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Drawings begin on page 7 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 8 of this paper.